Advocating to Advance Addiction Policy in Your State

ASAM Annual Meeting 2025
Stephanie Stewart, MD, MPHS, MRO, FASAM
Moxie Loeffler, DO, MPH, FASAM
Lucinda Grande, MD, FASAM



Advocating to Advance Policy in Your State

Sunday, April 27, 2025, 8:30 AM

Stephanie Stewart, MD, MPHS, MRO, FASAM

- Addiction Medicine Physician at Community Medical Services
- Volunteer Faculty for University of Colorado Addiction Medicine Fellowship





Advocating to Advance Policy in Your State

Sunday, April 27, 2025, 8:30 AM

Moxie Loeffler, DO, MPH, FASAM

- Addiction Medicine Physician at PeaceHealth Medical Group;
- Former Oregon Medical Director at Community Medical Services





Advocating to Advance Policy in Your State

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Lucinda Grande, MD, FASAM

- * Family Medicine and Addiction Medicine Physician at Pioneer Family Practice
- Clinical Assistant Professor, University of Washington Department of Family Medicine
- No disclosures





Outline and Objectives

- Presentation of Key Points and Examples (30 minutes)
- Q&A (15 minutes)
- Workshop (30 minutes)
- Objectives:
 - Describe strategies for engaging effectively in advocacy for state-level policy change
 - Identify skills that are useful for participating in state-level advocacy
 - Identify potential partners in the legislature and healthcare organizations
 - Build coalitions
 - Testifying to committees
 - Drafting bills and amendments
 - Practice communicating addiction-related messages to different target audiences



Importance of Advocacy

- * Remedies burnout
 - Increases sense of purpose
 - See handout on psychological benefits of taking action
- Addresses obstacles to best practices
- Improves patient well-being
- * Reduces stigma of SUD

Butcher L. Advocacy Work: Antidote to Burnout. Physician Leadership Journal. 2020 May 1;7(3):20-2. Coutinho AJ, Dakis KE. Incorporating advocacy training to decrease burnout. Academic Medicine. 2017 Jul 1;92(7):905.

Eisenstein L. To fight burnout, organize. New England Journal of Medicine. 2018 Aug 9;379(6):509-11. Jeelani R, Lieberman D, Chen SH. Is patient advocacy the solution to physician burnout? InSeminars in reproductive medicine 2019 Sep (Vol. 37, No. 05/06, pp. 246-250). Thieme Medical Publishers. Yao, Y., Zhao, S., Gao, X. *et al.* General self-efficacy modifies the effect of stress on burnout in nurses with different personality types. *BMC Health Serv Res* **18**, 667 (2018)reference





Promoting Our Priorities

- Legislation
 - *Advocating with legislators / Governor
- Policy
 - *****Volunteer to serve on a government Work Group or Commission
 - Oregon Alcohol and Drug Policy Commission (ADPC)
 - *Advocate to agency administrators
 - Washington State Health Care Authority
- Public Relations / Messaging
 - Directly media
 - #Indirectly coalitions, committees and conferences



ASAM Support Services

- Public Policy Statements
- Advocacy staff
 - * Kelly Corredor, Chief Advocacy Officer
 - Corey Barton, Director, Advocacy
 - * Parker Baird, Manager, State Advocacy
- State Advocacy Learning Collaborative (SALC)
 - Quarterly video meeting ASAM
- Monthly Chapter Council Meeting
- Advocacy Guide





ASAM Public Policy Statements

Tailor to your audience:

- Goal: Addiction medicine professionals should advocate for policies that oppose systemic racism
 - Democrat elected official: BIPOC Health
 - Republican elected official: Help rural and low-income health
- *Removing criminal records of drug possession will help BIPOC people because of disproportionate burdens. Example: Leigh Sundem, MD Expungement



Leigh Sundem



Colorado Highlights

- * Addressed at earlier session:
 - Removing prior authorization for buprenorphine at any prescribed dose (commercial insurers)
 - Transparency with regard to Medicaid reimbursement
 - * Rate parity for observed and unobserved dosing of methadone to reduce barriers to take-home dosing
- Policy harm reduction
 - COSAM advocated for funding for a study to describe impacts to mitigate a must-pass bill that stiffened fentanyl penalties,
 - Useful to prevent further bad policy





Oregon Highlights

- Legislation:
 - Omnibus bill of 2024
 - Eliminated prior authorization for MAT
 - Jail funding for MOUD \$10 million
 - Recriminalized drug possession
 - Decriminalization Measure 110 why be neutral
 - Worked with ASAM to navigate this complicated issue
 - Maintain good relationships on all sides
 - Public service announcement <u>video</u>
 - Reducing harm of recriminalization → Deflection grants \$18.5 million
 - Increase Medicaid rates for Add. Med.
 - Fund Addiction Medicine Fellowship
- Government agencies:
 - * 1115 waiver Medicaid funding for comprehensive SUD care in jail/prison
 - Contingency management added to 1115 waiver





Washington Highlights

- Initiating budget provisos:
 - Addiction education
 - Methadone inpatient pilot project
 - Funding for jail MAT survey
- Removing PA on all buprenorphine products
- Buprenorphine pharmacy robot
- ***** MAT Act
 - Recruited co-sponsorship of 8/9 WA State Congresspeople
- ***** MOTAA
 - Collaboration with ASAM and state medical association
 - Op-Ed in Seattle Times





Importance of Addiction Specialist Expertise: Rep Chris deGruy Kennedy





0:1

Ideas from a Legislator



Rep. Lauren Davis



Engaging in Legislative Process: Prepare

- Develop long-term relationships with legislators
- **#**Identify issue of concern
 - * Clinical, socioeconomic, civil rights problem
 - * State vs. federal realm
 - * Revision of prior bill
- Consider financial landscape
- Develop a strategy
 - Identify supportive/opposing legislators
 - **★ Build a coalition** − 1-3 organizations
 - ***** Compromise
- *Realistic time commitment



Engaging in Legislative Process:Implementation

- Help draft legislation
- *****Testify in committee
 - Stories are effective
 - *****1-3 minute speeches, often online
- #Help write administrative rules
- *****Engage in grant review committees
 - Oregon jail funding \$6.7 million to 21 jails (out of 37) see report







Drafting Legislation

- Work with bill drafters usually an aide and the author
- Propose amendments
- Iterative process
 - Language may not solve the problem in the way it was intended
 - Unintended consequences
- Alternatives: approach legislator with pre-drafted bill; share example from another state
- Leave bill language flexible –administrative rules for specifics
- Mistakes and blindspots → new bills next year
 - Expand jail MOUD grant eligibility to include transition centers (OR HB3009 2025 to fix HB4002 2024)





Cultivating Relationships with Legislators

- Support related interests of legislators (harm reduction, etc.)
- Support legislators who have ASAM-aligned interests
- *Ask Corey Barton and Parker Baird at ASAM to assist
- **#**Earn support for your goals





Cultivating Relationships with Legislators, II



- Don't put all your eggs in one basket! Make lots of friends.
 - Meet one legislator who is on your side
 - Who are their best allies?
 - Which committees work on your issue?
 - Who is on healthcare committees and Ways and Means (fiscal)?



- Respond to legislators with limited awareness
 - Narrow focus on overdose
 - Broaden awareness of comprehensive addiction issues
 - * Strategically use OUD as a path to awareness of other addictions (alcohol, nicotine, etc.)



Spotlight: Improving Access to Higher Dose Buprenorphine

- Washington
 - Asked Medicaid officials require Medicaid coverage for bup. 32 mg
 - Clinic data analysis
 - * ASAM presentation, Review article
 - Public Relations
- Colorado
 - FDA: citizen petition; Foundation 2-day expert panel; statement to revise package insert
 - Legislation commercial insurance
 - New state Medicaid policy
 - Presentation to state providers
- Oregon
 - * 16 CCOs Medicaid for 1.4 million patients
 - Bill >>> conversations
 - Legislation required coverage for all FDA-approved MAT without prior auths (2024)
 - Insurers favor high-dose SL bup. over injectables (less expensive)
 - Using data to support advocacy bup. levels from injections versus 24 mg/day SL form
 - As of spring 2025, no anecdotal reports of resistance from Medicaid







Panel /Q&A



*Message boxes make complex scientific information simple. They create action items for legislators.



Issue: Need more addiction medicine care, but we don't know what/where.

Problem: A lot of data about addiction in our state, but not integrated or managed.

Solution: We need our state government to fund a system to make this data useful.

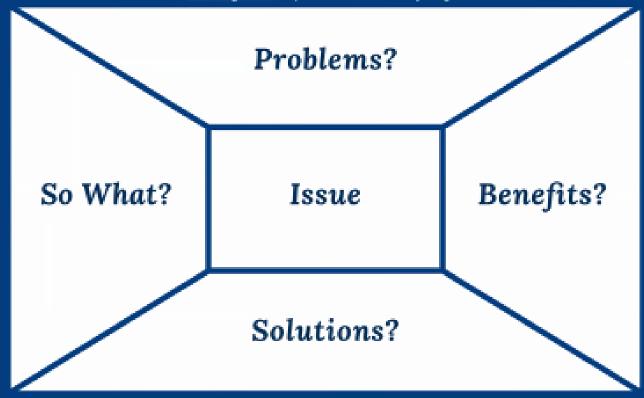
Benefits: Clear up-to-date data will help us build the healthcare system we need.



The Message Box

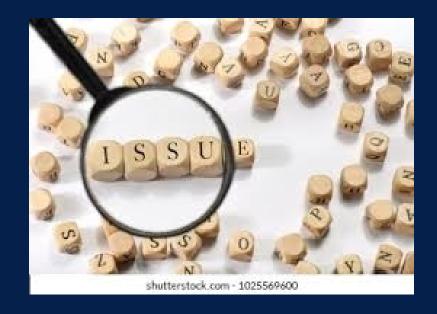
After you've identified your audience, you're ready to start drafting your Message Box! You can begin anywhere. Click on the sections below to learn more about each, and <u>download a blank</u>

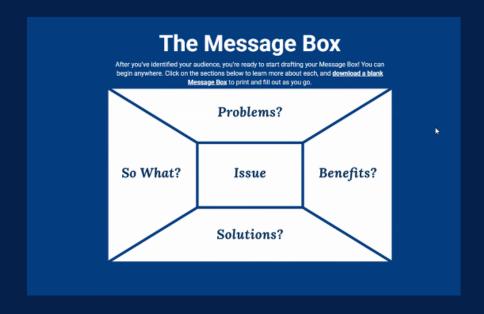
<u>Message Box</u> to print and fill out as you go.





- ★Issue Big picture context
- *Opioid overdoses are a leading cause of death in the United States. In our state, the rate of opioid overdose is ___. In 2023, we lost ____ residents to overdoses.

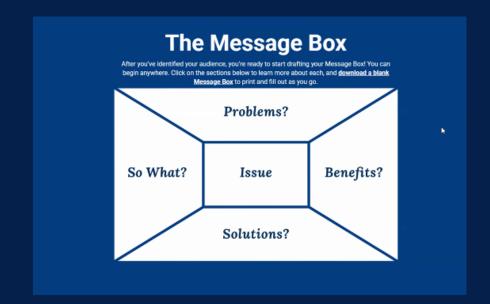






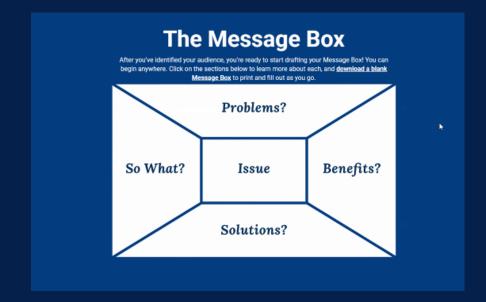
- Problems How your problem fits the big picture
- We only have three FDA approved medications for Opioid Use Disorder: naltrexone, buprenorphine, and methadone
- Only one medication for moderate/severeOUD is widely available buprenorphine
- Many patients cannot get the blood level they need from sublingual bup.
- Injectable bup. Results in higher blood levels, but prior authorizations delay and deny access.





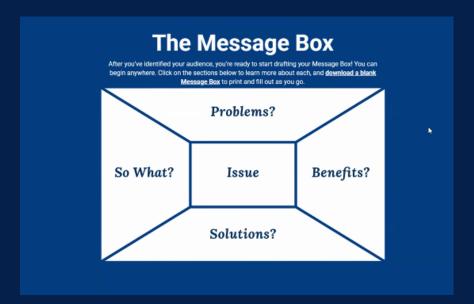


- Solutions What action would resolve the problems?
- * "Some states have banned prior authorizations for Medications for Opioid Use Disorder. While prior auths may help contain cost when doctors choose between 25 medications, there is only one widely available medication for severe OUD. And we are facing a public health emergency.
- *Ban prior auths for MOUD."





- Benefits Who will benefit, where and when?
- *"When new patients with severe OUD come to see Addiction Medicine physicians, they will start medication right away. We won't have to tell them to leave and wait. Many of my patients live in tents and they don't have phones. Without prior auths, I could treat them when they are very motivated and available."
- "Physicians will feel effective and satisfied at work."





*So What? Depends on what the audience cares about



The Message Box

After you've identified your audience, you're ready to start drafting your Message Box! You can begin anywhere. Click on the sections below to learn more about each, and download a blank Message Box to print and fill out as you go.

Problems?

So What? Issue Benefits?

Solutions?

The "So What?" Prism. Adapted - Escape from the Ivory Tower: A Guide to Making Your Science Matter, by Nancy Baron (Island Press, 2010).



Activity: Message Box

- *Each table to develop 1-2 issues of their own concern to develop messaging around using message box.
- *****See list for suggestions Handout



Create and share your message box

- Use what your team values
- Guess about the target audiences' values, beliefs and attitudes (usually based on thorough research)
- *Refute the 1-2 best opposing arguments
- End result: a message box filled with just a few very short, clear phrases or ideas – usually in the form of 1-5 bullet points for each quadrant.
- Choose someone to share from your table to share with the whole group



Create your message box - Instructions

- *1) Issue What is the big picture context?
- *2) Problems How does your problem fit the big picture?
- *3) Solutions What action will resolve the problems?
- #4) Benefits Who will benefit, where and when?
- *5) So What How does this support your legislator's agenda? Why do their voters care?



Tools and References for Policy Advocacy

- * ASAM State Advocacy Resources
- **# Eliminate Prior Authorizations for MAT:**
 - * Components needed in state legislation Table
 - * Research articles and bills: <u>Kentucky</u>; <u>states 2005-2019</u>;
 - Presentation to Oregon legislature: slides; video
 - * Oregon's bill HB 4002 (2024) which banned prior auths, funded jail MOUD
- *Raise Medicaid Rates Oregon's bill HB 2270 (2025)
- ***** Check bills ASAM is tracking
- State government groups: start or join one <u>Oregon</u>; <u>Connecticut</u>; <u>New Hampshire</u>
- Message Box Workbook at MSU.edu

